



7/1/2008

## Indiana Access To Recovery (ATR) – Client Choice Form

INATR - 001

I \_\_\_\_\_, understand that the Indiana Access to Recovery is a  
(Enter Client's Name)  
voluntary program and that my participation in the program is because I want to recover from my addictions.

I understand that there are a number of providers qualified to provide any service that I may require during my participation in the ATR program.

I also understand that I may choose the providers that provide services to me while I participate in the program.

I understand that the following providers are ready to provide Indiana ATR clients with recovery consultation.

MHA Vigo County

812.232.5681

Phone Number

812.234.2863

Fax Number

Wabash Valley Goodwill Industries

812.235.1827 x229

Phone Number

812.242.8416

Fax Number

From the above list I have selected \_\_\_\_\_ to provide this service.  
(Enter Name of Recovery Consultant)

No one has exerted pressure on me to select this particular provider and I am confident that this provider is best suited to meet my needs for recovery consultation.

I understand that if I find that this provider does not meet my needs, I may select another provider to replace this provider at any time.

I understand that \_\_\_\_\_ may not be willing or have the ability to  
(Enter Name of Recovery Consultant)  
provide recovery consultation to me, in which case I will need to select a different provider.

**I understand that the Recovery Consultant will need to contact me.**

**I authorize my chosen Recovery Consultant to contact me by contacting me at the following:**

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**I authorize the referral agency to release my information to help the Recovery Consultant contact me:**

Referral Agency: \_\_\_\_\_

Referral Agent: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date